

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99582 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Everett

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 91 Years, 8 Months, 18 Days

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, 44 years

Place of Death, { Give Street and Number. } 1153 Fulton Ave

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, about 3 years

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Ave

Date of Burial, May 4 1887

Undertaker, J. L. Zimmerman D.

Medical Attendant.

Place of Business, 221 E. E. St Address 212 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99583 Office of Registrar of Vital Statistics.

Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup> 88  
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Mary Berkemeier  
Sex, Male or Female, Cross out the word not required in this line.  
Age, 27 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.  
Color, White  
~~Married~~, Single, ~~Widow or Widower~~, Cross out the words not required in this line. ✓  
Occupation, house work  
Birth Place, State or country, and how long in the United States, if of foreign birth. Baltimore  
Duration of Residence in the City of Baltimore, Life  
Place of Death, Give Street and Number. 1440 Harford Ave  
Cause of Death, First (Primary), Acute miliary tuberculosis  
Second (Immediate), Aspiration  
Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 4<sup>th</sup> 1888

Undertaker, A. Funk & Son

Place of Business, 915 N. Gay St

Address, 157 S. Baltimore

James M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 9984

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

May 2 "8

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Infant of Mary and George W. Stuart

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years,

Months,

4 hours

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balti City

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

114 E Pratt St.

Cause of Death, { First (Primary), Second (Immediate), }

Prenatal Birth Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 3 "8

Undertaker, Geo. Kinsch

James A. Stuart

M. D.

Place of Business, Health Dept Address,

Crutcher & Co

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

J. H. Fitzpatrick Sanitary Inspector

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. *99585* Office of Registrar of Vital Statistics.

Ward *13<sup>2</sup>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, *May 2<sup>5</sup> 1887*  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Isaac Reimach*  
Sex, Male or Female, { Cross out the word not required in this line. }  
Age, *50* Years, Months, Days.

Color, *white*

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } *✓*

Occupation, *Tailor*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *25 years*

Place of Death, { Give Street and Number. } *752 German*

Cause of Death, { First (Primary), Second (Immediate), } *Paralysis of the Heart*

Duration of Last Sickness, *Sudden death - but preceded*

All the above information should be furnished by the Physician.

Place of Burial, *Log Hill Cemetery* *by premonitory symptoms*

Date of Burial, *May 3.*

Undertaker, *J. P. Louchion* *Wm. L. Micholant M. D.*

Medical Attendant.

Place of Business, *120 N. Grand St.* Address, *707 N. Lombard*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks Below, and to the Instructions Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 99586 Office of Registrar of Vital Statistics. Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isaiah Gray

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, Twenty Three Years, Months, Days,

Color, Black

Married, Single ☒ Widow ☒ Widower, { Cross out the word not required in this line. }

Occupation, Criminal

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Not Known

Duration of Residence in the City of Baltimore, Forty-two days

Place of Death, { Give Street and Number. } Maryland Penitentiary

Cause of Death, { First, (Primary,) Typhoid Fever Second, (Immediate,) Dropsy }

Duration of Last Sickness, Not Known. Sick when admitted to Penitentiary

All the above information should be furnished by the Physician.

Place of Burial, E. P. Cemetery

Date of Burial, May 3<sup>rd</sup> 1887 J. M. Lockhill, M. D.

{ Undertaker, Geo. R. R. R. Medical Attendant.

{ Place of Business, Health Office Address, 23 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99587

Office of Registrar of Vital Statistics.

Ward 9<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 1<sup>st</sup>  
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Michael H. Murray  
Sex, Male or ~~Female~~, { Cross out the word not required in this line. } (Murray)  
Age, 42 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Color, White  
Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Married ✓  
Occupation, Living Stable Keeper  
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.  
Duration of Residence in the City of Baltimore, Lif. Time  
Place of Death, { Give Street and Number. } 150 Saratoga St.  
Cause of Death, { First (Primary), Second (Immediate), } Consumption  
Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral  
Date of Burial, Wed May 4 1887  
Undertaker, Jos T. Byrne James Bacon M. D.  
Place of Business, 213 N Liberty Address, Albany Lafayette

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99588 Office of Registrar of Vital Statistics.

Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 3<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 2 Years, 2 Months, — Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Deaf and Dumb Asylum -

Cause of Death, { First (Primary), Second (Immediate), } Congestion of Lungs.  
Asphyxia.

Duration of Last Sickness, 2 or 3 hours

All the above information should be furnished by the Physician.

Place of Burial, New North Cemetery

Date of Burial, May 3<sup>rd</sup> 1887

{ Undertaker, John Masterson } F. J. Flannery M. D.

Medical Attendant.

{ Place of Business, Division A. } Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99589

Office of Registrar of Vital Statistics.

Ward 12<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2d, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wright

Sex, Male ☒ Female, { Cross out the word not required in this line. }

Age, 45 Years,        Months,        Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Coachman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cambridge, Md.

Duration of Residence in the City of Baltimore,       

Place of Death, { Give Street and Number. } 73 Johns St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis  
Haemorrhage

Duration of Last Sickness, Probably 6 months

All the above information should be furnished by the Physician.

Place of Burial, Lincol Cemetery

Date of Burial, May 3, 1887

{ Undertaker, John J. Lock } Eldridge C. Price M. D.

Medical Attendant.

{ Place of Business, 570 Caroline St. } Office 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



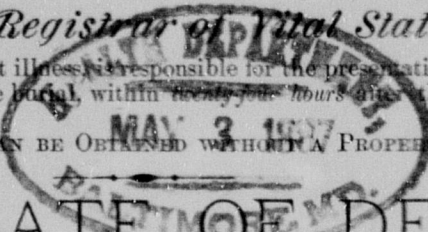
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99590 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup> 4

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



R

CERTIFICATE OF DEATH.

Date of Death, May 2-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Eugenia Hamill

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 23 Years, 6 Months, 14 Days.

Color, W

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, V

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 406 N. Bond St

Cause of Death, { First (Primary), Valvular Disease of Heart }  
{ Second (Immediate), }

Duration of Last Sickness, About 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 4 1887

{ Undertaker, John Herwig. C. C. McDowell M. D. Medical Attendant. }

{ Place of Business, 2008 Calverton St 521 N. Fayette St }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99591 Office of Registrar of Vital Statistics. Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 2<sup>nd</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ellen Young.

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 12 hrs. Years, — Months, — Days

Color, Colored.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, During Lifetime.

Place of Death, { Give Street and Number. } 1453 Vincent Alley.

Cause of Death, { First (Primary), Second (Immediate), } Unknown.

Duration of Last Sickness, During Life.

All the above information should be furnished by the Physician.

Place of Burial, Shamrock Cemetery

Date of Burial, May 3, 1887

Undertaker, Alex. Henry M. D.

Place of Business, 561 Orchard St. Address, Pepper & Roberts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]